State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

	4	UNIFORM HAZARDOUS  1. Generator's US EPA ID No WASTE MANIFEST  C1A1D10181215	1 0	2. Page 1		the shaded areas	
		3. Generator's Name and Mailing Address Para Plate		A. State Man	A. State Manifest Document Number 88345570		
		15910 Shoemaker Ave., Cerritos, CA. 90703  4. Generator's Phone (213) 404-3434			B. State Generator's ID		
1-800-842-7440	0001	5. Transporter 1 Company Name 6. US EPA ID Number Omega Recovery Services CAD042245001			C. State Transporter's ID 208452 D. Transporter's Phone (213) 698-0991		
00-85		7. Transporter 2 Company Name 8. US EPA ID Number			E. State Transporter's ID  F. Transporter's Phone		
CA11 1-5		Designated Facility Name and Site Address     Omega Recovery Services			G. Sigte Facility's ID CHAD 044445T9 911		
570 FORNIA		12504 E. Whittier Blvd.  Whittier, CA. 90602   C A D 0 4 2 2 4 5 0 0 1 (213) 698-0991					
		11 US DOT Description (Including Proper Shipping Name, Hazard Class, an	1 12 0	Containers 13.	Total 14. Quantity Unit Wt/Vo	Uaste No.	
346 IN CAL	G	WASTE ORV-A, N.O.S., NA 169:			-	State 211 212	
8834 WITHIN :	NER	(Perchloroethylene, N-Butyl Alcohol)	00	PM OD	11206	F003, F001	
24-880	A T O					EPA/Other	
1-800-4	R	c.				State EPA/Other	
NTER	SACTORETO	<b>d</b> .				State	
SE CE	SUCCESSION	J. Additional Descriptions for Materials Listed Above		K Handling C		EPA/Other	
RESPONSE CENTER 1-800-424-8802;	SECRETARIES SEC.	a. Material to be recycled					
NAL B	NEW COLUMN	w .		C.	ď		
THE NATIONAL	NATIONAL PROPERTY.	15. Special Handling Instructions and Additional Information  Profile #B10016 *Emergency# (213) 404-3434					
7. 7.	and the particular of the part						
SPILL, CALL	STATE STATE	16.  GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and					
	TO THE POST OF THE PARTY OF THE	national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
AN EMERGENCY OR			ignature	Man.		Month Day Year	
	T R	17. Transporter 1 Acknowledgement of Receipt of Materials	Frank ( . K	elmor		10181218R11	
OF AN	ANSP	Printed/Typed Name  Refer to J Clause at 1	ignature Land	£	und)	Month Day Year	
CASE C	0	18. Transporter 2 Acknowledgement of Receipt of Materials					
N CA	R T E B		ignature			Month Day Year	
	F	19. Discrepancy Indication Space					
	C						
	L 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
	Y	Printed/Typed Name	gnature	2/-		Month Day Year	

DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolute.

Do Not Write Below This Line

White TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To PO Box 3000 Sacromento, CA 95812